

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2491**
603

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY L				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY WILLIAMSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HERRIN		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 912 WEST MAPLE STREET			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARETTE		b. (Middle) ELIZABETH		c. (Last) EBERHART		4. DATE OF DEATH (Month) (Day) (Year) 1 - 16 - 51	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 16 1922	
9. AGE (In years / last birthday) 28		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) HERRIN, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HERMAN JONES		13b. MOTHER'S MAIDEN NAME VERA WINNING		14. NAME OF HUSBAND OR WIFE FREDRICK EBERHART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FREDRICK EBERHART - HERRIN, ILL.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercranial aneurysm ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3 wks.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 1/10/51		19b. MAJOR FINDINGS OF OPERATION Left frontal craniotomy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HERRIN, ILL.		21d. HOW DID INJURY OCCUR 1	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 16 - 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 1			
22. I hereby certify that I attended the deceased from 1 - 7 , 19 51 , to 1 - 16 , 19 51 , that I last saw the deceased alive on 1 - 16 , 19 51 , and that death occurred at 12:45 AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Bradley M.D.				23b. ADDRESS Barnes		23c. DATE SIGNED 1/16/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 19 - 1951		24c. NAME OF CEMETERY OR CREMATORY FAMILY		24d. LOCATION (City, town, or county) (State) JOHNSTON CITY, ILL.	
DATE REC'D BY LOCAL REG. JAN 20 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE STORME FUNERAL HOME - HERRIN, ILL.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald A. Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.